



VEHICLE REGISTRATION AND/OR TRANSFER APPLICATION



☐ Initial
Registration
☐ Transfer

MOTOR VEHICLE DIVISION

Department of Revenue & Taxation • Government of Guam

Applicant(s) please read carefully: Print or type all entries except signature. Signature(s) must be ink.

INITIAL REGISTRATION APPLICANTS

Please provide the following:

1. The original Manufacture's Certificate of Origin, or the latest Off-Island Vehicle Registration.
2. A passed Guam Vehicle Inspection Checklist (must be submitted on initial application).
3. Certification of Mandatory Insurance.

TRANSFER APPLICANTS

Please provide the following:

1. Certificate of Ownership (Title) must be properly endorsed (Should your title require notarization, please have this accomplished).
2. The most current Vehicle Registration Certificate.
3. Certification of Mandatory Insurance.
4. A passed Guam Safety Inspection Checklist (required on Initial Application obtaining Guam plates and if registration is due for renewal).

Should there be a lien against the vehicle, please furnish the Security Agreement. If application is to be signed other than the registered owner, a Power-of-Attorney must be attached hereto. Registration under a Corporation, Joint Venture, Association and Partnership must be signed by one of the Corporate officers.

SOCIAL SECURITY IS REQUIRED: The furnishing of your Social Security Number is required pursuant to Section 3101, Title 16, Guam Code Annotated and Section 405(c) (1) (C), Title 42, United States Code. We need this information for the purpose of administering the Vehicle Code of Guam.

OWNER INFORMATION		Relationship	Date of Birth
Social Security Number/EIN	Name (Last, First, Middle Initial)	<input type="checkbox"/> and <input type="checkbox"/> or	
Social Security Number/EIN	Name (Last, First, Middle Initial)	<input type="checkbox"/> and <input type="checkbox"/> or	
Social Security Number/EIN	Name (Last, First, Middle Initial)	<input type="checkbox"/> and <input type="checkbox"/> or	
Mailing Address		Residence Address:	
Citizenship (check one)			
<input type="checkbox"/> U.S.A.	<input type="checkbox"/> Chuuk	<input type="checkbox"/> Yap	<input type="checkbox"/> Kosrae
<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Belau	<input type="checkbox"/> Pohnpei	<input type="checkbox"/> Others

MANDATORY AUTOMOBILE INSURANCE LAW

I HEREBY CERTIFY THAT I AM THE REGISTERED OWNER OF THE VEHICLE DESCRIBED HEREIN AND THAT THE INSURANCE COVERAGE ON SAID VEHICLE IS NO LESS THAN THE FOLLOWING MINIMUM AMOUNTS: \$20,000 PROPERTY DAMAGE LIABILITY: \$25,000 AND \$50,000 THIRD PARTY BODILY INJURY LIABILITY FOR EACH PERSON AND FOR ALL PERSONS, RESPECTIVELY, IN ANY ACCIDENT.

Vehicle Insured By:	Vehicle Insurance Policy Number:
Vehicle Insured Under the Name of:	Expiration Date:
Registration's Telephone Numbers:	Work Number(s):
Home Number:	

LIENHOLDER (Legal Owner)

Name of Lienholder / Financing Inst.:	Address if Lienholder:
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VEHICLE INFORMATION

License Plate Number:	Year:	Make:	Model:	Body Type:	Fuel:	Color:	Cylinders:
Weight:	Capacity:	Engine No.:	Vehicle Identification Number:				

Has this vehicle been modified/changed from original design? (If yes, furnish a notarized affidavit.) ☐ Yes ☐ No

Under penalty of perjury, I (we) declare that all the information contained in this application to the best of my knowledge and belief, are true, correct and complete. Furthermore, I hereby agree that the issuance of any document(s) as a result of this application shall be declared null and void should any information be fraudulently provided herein or if any information provided is in error.

Signature of Owner or Authorized Representative	Date
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FOR OFFICIAL USE ONLY

Market Value:	Appraised Value:	Appraised By:	Examined By:	
	Registration Fees:		License Plate No.:	
	Transfer Fees:			
	AVF:		Tag Number:	Expires:
	Penalty:		Temporary Permit Pending:	
	Copy Re / Own:			
Notes:	Replacement P / T:		Permit Expires:	
	Misc.:		Approved By:	
	TOTAL:			